

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5672

Name Peter Quinn

Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Peter Quinn
2. What is your full Address? 2. South B. road St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 29 Years Months
5. What is your Trade or Calling? 5. Farmer
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Peter Quinn do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Peter Quinn SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Peter Quinn do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 12 day of June 1918.

[Signature] Signature of Attesting Officer Asst. Comm. R. G. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the [blank].

If enlisted by special authority, such will be attached to the original attestation.

Date 1918 } Approving Officer.
Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5672

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Peter Quinn
 Apparent age 21 years 0 months. Height 5 feet 9 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Quinn
South 10 Sarah St. Yonkers, N.Y. Relationship Father

Particulars as to Marriage

<small>(a) Christian and Surname of Woman to whom married, and whether spinster or widow.</small>		<small>(b) Place and date of marriage.</small>	
<small>(c) Present address.</small>		<small>(d) Initials of Officer verifying entry.</small>	
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>10-6-18</u>									
Joined at <u>St. Louis</u> on <u>June 10-1918</u>									
<u>Discharged August 28-1919</u>									
<u>Embarked St. Louis S.S. Columbia Co Halifax N.S. 22-7-18.</u>									
<u>In the hospital for demobilization 24-6-19</u>									
<u>Arrived home 1-7-19</u>									
<u>Demobilization St. Louis 8-8-1919</u>									
Total Service forfeited as above _____									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge] <u>1</u> years <u>60</u> days									
Pensions _____									

P. B. Gunn

C.R. 5672

P. B. Gunn

Reg. No. 5672 Rank. *Plt* Name. *O'Quinn J. of Coy*
Attested 10/6/18 Address. *South Branch*
Allotment 50 Allottee *Mrs. Peter O'Quinn (Mother)*
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

19/6/18	Admitted Barracks Hospital 23 ⁶ / ₁₈ Dis. Barrack Hosp.
	Leave 26-6-18 - 5-7-18 R.L. 5-7-18
20-7-18	15 ⁵ / ₁₈ not

C.R. 5672

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 8-8-19.

5672, Pte. P.J. O'Quinn.

C.R. 5672

Extract from Daily Orders Part II Unit The Royal Rifles, Regt.
St. John's, July ¹⁵ 1919

The discharge of the undernoted on demobilization has been
APPROVED by C.S. Discharge Depot with effect from 25-7-19

5672 Pte. P.J.O'Quinn.

C.R. 5672

Extract from Daily Orders Part II Unit The Royal Field Artillery
St. John's, July 3rd 1919.

5672 Pte. P.O'Quinn.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5672

September 3, 1918.

#5672 Private.
P.J.O'Quinn.

Gentlemen:-

Your communication of 27th ult., has been handed to me. The marginally named soldier enlisted voluntarily on June 10th, and proceeded Overseas with draft in July.

I regret that no further action can be taken in the matter.

I have the honour to be,

Gentlemen,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

Messrs. Gibbs & Barron,

City.

C.R. 5672

Extract from Daily Orders part 11, from Unit The Royal
Field Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5672 Pte. Peter O'Quinn.

CR. 5672

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 20, 1918.

#5672 Pte. J. O'Quinn.

Admitted to Barracks Hospital 19-6-18.

C.R. 5672

Extract from Daily Orders Part 11, from Unit, The Royal Nfld.,
Regiment, St. John's, dated June 11th 1918.

5672, Pte. Peter Quinn.

Attested for General Service with The Royal Nfld. Regt.,
10-6-18.

O'Quinn, H. J.

5672

Ray Sept

August 8th 1919.

#5672, Pte. P. J. O'Quinn,
South Branch, St. Geo.

Dear sir:

Enclosed please find Discharge Certificate
3654.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3672 Rank Pte Name O'Quinn P. J.
Intended place of residence South Branch St George

2. Occupation Farmers
Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
Place, ST. JOHN'S
Date JUL 11 1919
Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
Place, ST. JOHN'S
Date JUL 11 1919
Signature of soldier P. O. Quinn
Signature of witness J. A. Newell Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
Place, ST. JOHN'S
Date JUL 11 1919
Signature of soldier P. O. Quinn
Signature of witness James O. Newman

STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 No. of days on Military
Discharged from service JUL 25 1919 Plus 14 days Service 425

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
Place, ST. JOHN'S
Date JUL 25 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
Place, ST. JOHN'S
Date August 9 1919
Officer in Charge of Records
The Royal Newfoundland Regiment

2019/2654

21
31
8
50

The Royal Newfoundland Regiment

Class for Demobilization:

7
6

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. .. 5672

Name W. Linn: Peter

Address South Branch

Present Medical Category..... A i

Recommended for:— { (a) Immediate discharge

(b) Standing Medical Board

Members of Board {

R. H. Linn Major
.....
O.C. Discharge Depot.

L. Paterson
.....
Senior Medical Officer

G. W. Berdeu
.....
M. O. Depot

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

P O Quinn

Signature of Man.

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. *5672*

Place

M. Johns

Date

11-7-09

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

 Reg. No. 5672 Rank Pvt Name O. Quays P. H.

 Date of Enlistment 10-6-18 Address South Branch District St. George

 Occupation Farmed Classification for Discharge E7 Medical Category H.S.

Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	/
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....		" 6.....	
B 179c.....	B 120.....	M 93.....			

 Date 10-7-19

 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am.....in a position to resume civilian occupation. [Signature]

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00 [Signature]
- (b) ~~Clothing Supplied~~

 Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2333R to his home at South Branch and Release Certificate No. 3487 issued.

Date 11-7-19

J.A. Shuecraft
Demobilization Officer

Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19

Date 11-7-19

J.A. Shuecraft
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19

J.A. Shuecraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

A.R. Cooper Cable
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname O'Rourke OF Christian Name Peter J.

Table I.—GENERAL TABLE

Birthplace:—Parish	<u>St. John's, St. George's</u>		County	<u>Newfoundland</u>	
	<u>SPECIAL RESERVE</u>			<u>REGULAR ARMY</u>	
Examined	on	<u>10th</u> day of <u>June</u>	191 <u>8</u>	on	day of 191
	at	<u>St. John's</u>		at	
Declared Age...		<u>21</u> years	days		years days
Trade or Occupation		<u>3 arms.</u>			
Height		<u>5</u> feet <u>2 1/2</u>	tches		feet inches
Weight		<u>124</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>35</u>	inches		inches
		<u>4</u>	inches		inches
Physical Development					
Vaccination Marks	Right	Left		Right	Left
	Arm	/			
	Number	/			
When Vaccinated					
Vision	R.E.—V=	<u>6/6</u>		R.E.—V=	
	L.E.—V=	<u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)	
(b) Slight defects but not sufficient to cause rejection	(b)			(b)	
Approved by (Signature)	<u>Lambertson</u>				
(Rank)	<u>Major</u> Medical Officer.				
Enlisted	at	<u>St. John's</u>		at	
	on	<u>10th</u> day of <u>June</u>	191 <u>8</u>	on	day of 191
Joined on Enlistment		Corps.	Regtl. No.		Corps Regtl. No.
		<u>Royal Nfld</u>	<u>5642</u>		
Transferred to		<u>Regiment</u>			
Became non-effective by	on	day of	191	on	day of 191
(Signature)					
(Rank)					



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Peter Quinn*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5672*

Intended address *South Branch*

Height on discharge *6* Feet *5*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Peter*

Christian name of Mother *Quinn*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bay of St. John's 5th Aug. 1858*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Peter O. Quinn*

Plt
(Rank)

ST. JOHN'S

Station

Date *7. 7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer i/c Hospital, Unit, or Command Depot.

Station

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal N. F. Lk*
2. Regtl. No. *5672* 3. Rank. *Pvt.*
4. Name *O. Quinn* *Peter*
 (Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } ✓

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complains of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Rehabilitation

W.E. Proenier. Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley*

Date *2-14-19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

August 16, 1919

Mr. P. J. O'Quinn,
South Branch,
ST. GEORGE'S DIST.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *P* 2. Surname..... *O'Quinn*

3. Rank..... *Pte* 4. Regtl. No..... *5622*

5. Address in full to which future payments of gratuity are to be forwarded..... *South Branch St George's*

6. Date of enlistment in the Regiment..... *June 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents..... *no*

9. Address in full of such dependents..... *no*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

11. Were you on active service only in Nfld, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge. (b) Reason for discharge.

Jul 25/42

Remob

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

Eng land

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *J. C. Quinn*
 Place of Residence: *South Board. St George Dist*
 Declared before me at: *St Johns nces*
 This *11* day of *July* 19*.18*....

Signature of Barrister of the *John M. Charles*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Peter J. O'Leinn, Regl. No. 5672

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins August 1st / 18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4736	mother	Mrs Peter O'Leinn	South Branch St. George's	50
Total Allotment, \$				50 ^c

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. J. James
Officer Commanding
F Company
St. John's
July 8th 1918.

(Sig.) Plé
(Rank) Peter J. O'Leinn

2683

To the ^{Branch} ~~Company~~ ^{of} ~~the~~ ^{St. John's} ~~Militia~~ ^{at} ~~St. John's~~ ^{ago 21/18}
Sirs: ^{All the money} ^{collected} ^{at} ^{ago 21/18}

Please let me know
what became of my son
Peter J. o Quinn No 5672
he enlist- on June the 8/18
or about- that time and the
only cheque I received was
~~the~~ dated Sept 2nd I understand
that this cheque is for August
now I did not received any
cheque for June and July

Please let me know
what ~~is~~ become of these
two cheques

in doing so you
will greatly oblige
yours truly
Mrs Peter o Quinn

Sept. 26, 1918.

Mrs. Peter O'Quinn,
South Branch,

Dear Madam:

With reference to your letter of Sept. 21st. I beg to inform you that your son declared his allotment in your favour commencing from August 1st. and that the first cheque was posted to you on Sept. 7th. in payment for the month of August.

Yours truly,

Lieut.
For Paymaster

C.R. 5672

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name *Pte. Peter J. O. Quinn*

Date *Nov. 20*

Place *South Branch*

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Address

Address

OCT 20 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Peter J. O'Quinn

in respect of his service as No. 5672 Rank Pte.

Name P. J. O'Quinn Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received one British War Medal

Signature _____

Date Oct 2. 1921

Address P. J. O'Quinn
South Branch Nfld

[P.T.O.]

5
 Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
 B 121.
 39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company C. P. Hicks

Regimental Number and Name			Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5672 Peter J. O'Donnell</u>		Age on	<u>21</u> years <u></u> months	<u>Fisherman</u>	
Joined	Date		Place and Date of Enlistment	<u>10/6/18</u> <u>St. John's</u>	Religion <u>R.C.</u>	
Joined	Date		Period of	with Colours <u>160</u> years. with Reserve <u>306</u> years.	Place of Birth <u>South 10 Road.</u>	
Joined	Date					

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's</u>		<u>8-8-19</u>			

To be carried over.

The Royal Newfoundland Regiment

55672

DEMOBILIZATION OF

Reg. No. 5672 Rank Pte Name O. Lumsden Pte
 Date of Enlistment 10-6-18 Address North Branch District St. George
 Occupation Farmer Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 10-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

P O Quinn

Passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Chilton

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2333TR to his home at South Branch and Release Certificate No. 3487 issued.

Date 11-7-19 *J. A. Snowcraft*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-8-19

Date 11-7-19 *J. A. Snowcraft*
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Form B

Date 11-7-19 *J. A. Snowcraft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 25 1919

Date *D. R. Cooper*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Aug 2 1919 *W. L. T.*

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal Inf*
- 2. Regtl. No. *5672* 3. Rank. *plts*
- 4. Name *O. Quinn* *Peter*
(Surname) (Christian Names)
- 5. Age last birthday. *20*
- 6. Posted for duty on..... at.....
in category (or grade),.....
- 7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

The complainant of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatriation

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. E. Proctor, Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazeley Bow*

Date *2/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause